



Bariatric Surgery Policy

Policy

Version 2

Clinical

Responsible Parties: Provider Relations Manager

Date Created: 05/26/2016

Date Approved: 06/27/2016

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Bariatric Surgery Policy

Effective July 1, 2016

Limitations of Coverage:

Bariatric surgery benefits are available under the PEIA PPB benefit plan for members who meet the Plan's minimum required criteria. The procedure is subject to \$500 co-pay, deductible, and co-insurance.

The criteria for bariatric surgery are:

1. Surgical candidate must have a BMI (Body Mass Index) of 40 or greater for a minimum of five (5) years, with a co-morbidity that is expected to clinically improve with the proposed surgery. A BMI of 35 or more present for a minimum of five (5) years with extreme* co-morbidities will be evaluated on a case-by-case basis. Candidates with a BMI over 50 for 5 or more years may be considered without co-morbidities. Recognized comorbidities are:

- A. Coronary heart disease that is reversible with weight loss;
- B. Type II diabetes despite evidence of aggressive medical management;
- C. Osteoarthritis that significantly impairs activity;
- D. Clinically significant obstructive sleep apnea;
- E. Hypertension despite evidence of aggressive treatment and
- F. Obesity related pulmonary hypertension

* Extreme co-morbidities are medical conditions for which the patient has been nonresponsive, or had a poor response, to aggressive medical treatment.

2. The patient must be at least 18 years of age.

3. Any bariatric procedure approved by the FDA after the date of this policy revision will be evaluated on a case by case basis for coverage.

4. Member must not have a past history or currently have any of the following conditions:

- A. Significant liver disease that unduly increases operative and post-operative risk (hepatic cirrhosis, active or chronic Hepatitis B or C);
- B. Current alcohol or chemical dependency;
- C. Severe hypoalbuminemia;
- D. Current pregnancy;
- E. Prior reversal of jejunio-ileal bypass with hepatic dysfunction;
- F. History of total gastrectomy;
- G. A previous significant history of non-compliance with medical and/or surgical treatment.



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5. Members with the following diagnoses/conditions require evaluation and clearance by appropriate specialist(s) before pre-certification is approved:

- A. A previous history of bowel resection;
- B. A previous history of cancer or other malignancies within the past five (5) years (not currently in remission);
- C. A large neck;
- D. Significant cardiomyopathy or myocardial infarctions requiring open heart surgery;
- E. Inflammatory bowel disease or malabsorption syndromes;
- F. Severe renal insufficiency or nephrotic syndrome;
- G. A previous history of significant cardiac or respiratory problems will require evaluation and clearance by a licensed board certified cardiologist/pulmonologist and
- H. A history of previous suicidal tendencies or instances of self-mutilation.

Documentation Requirements:

To ensure member eligibility and program compliance, documentation is required at various stages of the criteria evaluation and subsequent treatment. Procedural stages and documentation required are as follows:

1. Within the two (2) years prior to the request for bariatric surgery, the patient must have participated in a physician supervised nutrition and exercise program, over a consecutive 12 month period, including consultation with a licensed dietician, an increase in physical activity, and behavioral modification. The weight loss must be maintained until the request is approved and/or the surgery is performed. This program participation must be documented in the medical record and the patient's program must meet the following criteria;

- A. The purpose of the weight loss program is to document member commitment to a lifestyle change which would be necessary for ongoing success post-surgery. The requirement of the weight loss program is that there must be a mandatory 10% weight reduction, demonstrated with consistency over a consecutive 12 month period. If pharmacotherapy is utilized to assist with weight loss during this 12 month period, the member will be considered ineligible for bariatric surgery.
- B. The weight loss program must include nutrition and exercise components with monitoring by a physician. Note: A summary letter is not acceptable.
- C. As an alternative to this requirement and with their physician's release, members may participate in the PEIA Weight Management Program offered at participating sites throughout the state. (For information and a listing please refer to the PEIA website). The PEIA Weight Management Program is the only weight loss program covered under the PEIA PPB Plan. All other weight loss programs would be at the member's expense.



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D. The Bariatric Surgery Request Supplemental Information Form (Attachment B) must be completed and submitted in addition to all other required documentation.

2. The patient must complete a psychological evaluation, including objective testing, which assesses the ability of the patient to cope with major life changes and other factors pertinent to this surgery. The evaluation must include documentation of family support structure. The preoperative psychological evaluation should be conducted by a licensed psychologist and/or licensed board certified psychiatrist that is not affiliated with the bariatric surgeon. This evaluator must be qualified in the assessment and diagnosis of mental health illness, and have a familiarity with bariatric surgery procedures, follow-up, and required behavioral changes. PEIA will not accept evaluations performed by licensed mental health counselors, social workers, or nurse practitioners. This psychological evaluation is not a covered benefit under the PEIA PPB Plan and will be at the member's expense.

Note: See Attachment A for the psychological evaluation guidelines.

3. Prior to the surgery, a letter ruling out medically treatable causes of obesity (ie: thyroid and endocrine disorders) must be obtained from the primary care physician. Those with treatable causes responsible for their obesity will be considered ineligible for surgery, until such time as they receive proper care and are able to participate in a physician supervised weight loss program. They must still meet the mandatory 10% weight reduction, demonstrated with consistency over a consecutive 12 month period.

4. A description of the routine one year post-surgical follow-up plan designed by the bariatric surgeon must be submitted to the PEIA PPB Plan Utilization Management (UM) administrator with each request. The mandatory treatment plan must include physician-supervised diet and exercise components that may be administered by either the surgeon or a certified health practitioner (MD, DO, PA, and NP). If there is additional cost to the member for these services, the member must be informed prior to surgery. The follow-up period will be monitored by the UM administrator for non-compliance.

5. The patient must agree, in writing, to comply with the one-year post surgery, physician supervised, treatment plan. The agreement signed by the patient must include a statement that cosmetic services, including panniculectomy, are not covered by the PEIA PPB Plan.

6. A risk-versus-benefit assessment must be conducted by a primary care provider and documented in the record to determine if the surgery is appropriate for each individual patient.



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7. If issues are identified in the evaluation and documentation process that cause concern or that would cause a reasonable prudent surgeon to question the appropriateness of the procedure, then a second opinion is required. All documentation originally required in the initial review must again be provided in the second review.
8. Any bariatric procedure must be performed at a hospital facility that is currently certified as a Bariatric Surgery Center of Excellence, as defined by the American College of Surgeons (ACS), or the American Board of Metabolic and Bariatric Surgeons (ASMBS). If a delay in certification process can be demonstrated, PEIA will waive this requirement on a case-by-case basis until this certification is available.
9. For purposes of this policy, the surgeon must have performed a minimum of 50 bariatric surgical procedures before the procedure will be considered for approval.
10. Surgeons and member must agree to provide PEIA with annual weights on these members over a 10 year period post-operatively.
11. Any services required to enable the member to meet the criteria to qualify for the bariatric surgery are not a covered benefit under the PEIA PPB Plan and would be at the member's expense.

Other Comments:

1. Out-of-network services are not a covered benefit.
2. If the patient is a tobacco user, he/she must address tobacco cessation with a primary care physician, within six (6) months of starting weight management and must be tobacco free for at least six (6) months before surgery.
3. Bariatric surgery is limited to once per lifetime, regardless of the payer responsible for the previous surgery.
4. Revisions or reversal of bariatric surgery will be considered for patients who develop structural problems or complications that require correction, such as stomal stenosis, staple line dehiscence, structuring, etc. All procedures, revisions or reversals must be performed by an in-network provider.



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Attachment A

Psychological Evaluation of Bariatric Patients

The pre-operative psychological evaluation must be conducted by a licensed psychologist and/or licensed board certified psychiatrist qualified in the assessment and diagnosis of mental health illness, and must have familiarity with bariatric surgery procedures, follow-up, and required behavioral changes.

The overall assessment goal is to determine whether the patient has the skills and motivation to comply with the dietary and behavioral changes necessary for a successful surgical outcome. Following is a non-exclusive list of questions/issues that must be included in the psychological evaluation:

- A. Is the patient emotionally stable and competent to give consent?
- B. What is the patient's understanding of the procedure and the post-op nutritional and behavioral changes that lead to a successful outcome?
- C. What are the patient's expectations? Are the expectations realistic? How does the patient think the surgery will change his/her life?
- D. What is the patient's weight history and history of weight loss attempts? Does the history provide any clues that will increase the likelihood of a successful outcome? What does the patient see as his/her primary challenges?
- E. What is the nature of the patient's social support system? How does the patient handle stressful circumstances?
- F. Is there any evidence of past/current history of psychiatric illness, psychiatric symptoms, or psychiatric diagnoses? Are these symptoms well treated and stable? If there is a history of previous psychiatric symptoms, did the patient demonstrate the ability to seek appropriate help?
- G. Is there any evidence of a history of eating disorder and/or difficulties due to substance abuse?
- H. Is there any evidence of factors that would directly contraindicate surgery (e.g. psychosis, suicidal ideation, or substance abuse)?
- I. What evidence is there that the patient has the ability to modify his/her behavior? If the patient has present medical problems that require dietary or behavioral changes (e.g. diabetes), how compliant are they with those recommendations? Has the patient already begun to implement changes in eating habits or activity level in anticipation of surgery?
- J. What can be specifically recommended that would facilitate a successful outcome?



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Attachment B

Bariatric Surgery Request Supplemental Information Form

Date of Request: _____

Patient Name: _____ Age: _____ Patient PEIA ID Number: _____

Attending Physician: _____ Date of Last Office Visit: _____

Current BMI: _____ Current Weight: _____ Diagnosis (ICD-10): _____

Procedure Requested (include CPT Code): _____

Please list the patient's weight for the last 12 months:

Date (mm/dd/yyyy)	Weight (lbs)	Physical Activity & Behavior Modification

BMI for last 5 years:

Date (mm/dd/yyyy)	BMI

Physician's Signature _____ Date _____

This form is to be used as a supplement to the medical information that must be submitted, in accordance with the PEIA Bariatric Surgery Policy located on the web at:

<http://www.peia.wv.gov/Forms-Downloads/Pages/Policies.aspx>



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When Medicare is Primary

When Medicare is primary and PEIA is secondary, Medicare's guidelines apply. When Medicare does not cover the procedure/service, PEIA becomes primary and PEIA policy applies.

Coding and Claim Requirements

Physicians must bill on a CMS1500 claim form with the appropriate ICD 10 and CPT codes. The global surgery period is 90 days so follow-up visits are included in the surgical allowance. PEIA's timely claim filing requirement is within six (6) months from the date of service. Claims billed beyond this time frame will be denied and are not billable to the patient.

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